



**REGULAR PARTY COMMITTEE
STATEMENT OF ORGANIZATION**
State Form 46413 (R6 / 10-17)
Indiana Election Division (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-3)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.
SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ Yes ☐ No If Yes, please enter the file number in this box. →

SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Boone County Democratic Central Committee			3. Acronym or Abbreviated Name (if any) Boone County Democratic Party		
4. Mailing Address (Address where all campaign finance correspondence is received.) <input type="checkbox"/> Check if this is a new address. 707 N Elm Lane			5. E-mail Address (Optional) chair@bcdemocrats.com		
6. City Zionsville	State IN	ZIP Code 46077	7. FAX (Optional) ()	8. Telephone (317) 696-6902	9. Committee Organization Date (mm/dd/yy) 03/06/21
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
11. Type of Regular Party Committee (Check one) <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Congressional District <input checked="" type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Town					
12. Party Affiliation (Check one) <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other					
13. Chairperson's Name <input checked="" type="checkbox"/> Check if this is a new chairperson. Ericka Pickell			14. E-mail Address (Optional) chair@bcdemocrats.com		
15. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 707 N Elm Lane, Zionsville, IN 46077			16. Telephone (Day) (317) 502-5552		17. Telephone (Evening) ()
18. Treasurer's Name <input type="checkbox"/> Check if this is a new treasurer. Tim Anderson			19. E-mail Address (Optional) treasurer@bcdemocrats.com		
20. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2215 N 600 E, Lebanon, IN 46052			21. Telephone (Day) (317) 379-7513		22. Telephone (Evening) ()
23. Custodian of Records' Name <input type="checkbox"/> Check if this is a new custodian. Tim Anderson			24. E-mail Address (Optional) treasurer@bcdemocrats.com		
25. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 2215 N 600 E, Lebanon, IN 46052			26. Telephone (Day) (317) 379-7513		27. Telephone (Evening) ()
28. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) PNC Bank, Zionsville, Indiana					

SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)

29. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer Tim Anderson	Signature of the Committee Chairperson <i>Ericka Pickell</i>
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SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

30. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.		
31. Typed or Printed Name of Treasurer Tim Anderson	Signature of Treasurer <i>Tim Anderson</i>	Date (mm/dd/yy) 03/23/21

SECTION D. CERTIFICATION OF STATEMENT

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.		
32. Typed or Printed Name of Chairperson Ericka Pickell	Signature of Chairperson <i>Ericka Pickell</i>	Date (mm/dd/yy) 03/23/21

Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must be reported within ten (10) days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

FILED

MAR 25 2021

Jessica F. Fazio
CLERK BOONE CIRCUIT COURT